


<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				Docket No. <b>13285</b>	
Applicant(s): <b>Jahangir S. Rastegar, et al.</b>					
Serial No. <b>09/517,434</b>	Filing Dat <b>March 2, 2000</b>	Examiner <b>Melody M. Burch</b>		Group Art Unit <b>3683</b>	
Invention: <b>APPARATUS FOR ISOLATION OF PAYLOADS WITH LOW TRANSMISSABILITY</b>					
<b><u>TO THE COMMISSIONER FOR PATENTS:</u></b>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	38 -	49 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$43.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>19-1013/SSMP</b>					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: <b>February 25, 2004</b>		
<b>Thomas Spinelli</b> Registration No. 39,533 <b>SCULLY, SCOTT, MURPHY &amp; PRESSER</b> 400 Garden City Plaza Garden City, NY 11530 (516) 742-4343 TS:jap			<div style="border: 1px solid black; padding: 5px;">         I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.       </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">         Signature of Person Mailing Correspondence       </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">         Typed or Printed Name of Person Mailing Correspondence       </div>		
cc:					